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Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:		DEMPA	c			
Account Number:	,		Date of thi	is Report:	1.16.00	<u> </u>
REPORTING PERIOD:	FROM:	1.20.07	то:	1.20	0.01	
Check the box that applies to	this report:					
Primary Election	□ 8-DAY	□ 30-DAY		Office:		
General Election	□ 8-DAY	□ 30-DAY		Office:		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1
Other Election	□ 8-DAY	□ 30-DAY				
Special Election	□ 8-DAY	□ 30-DAY				
Special Election	□ 0-DAI	□ 30-DA1				
Year End Report	Complete	d Activities (Terminate)		R-	Temination Date:	12.31.07
I authorize that all information regulations regarding Campa the Office of the State Election	ign Finance and	the election process in the	ne State of	Delaware. I 1	understand that rep	
Jahrrie	Lull M	refurel			1/1	16/68.
TREASURER SIGNATURE		/			DATE	
CANDIDATE SIGNATURE		11-2011			DATE	



STATEMENT OF ACCOUNT BALANCE

AC	CCOUNT #:		REPORTING PERIOD:	1-20.07 FROM	1.2008
1.	BEGINNING (Close Out l	BALANCE Balance from last reporting period)		# 2,	659.50
2.	RECEIPTS:				
	A.	SCHEDULE A - TOTAL RECEIPT	rs	A :	2,000
	В.	SCHEDULE C-1 – TOTAL IN-KIN	D (NON CASH) RECEIPTS	· ·	
	C.	SCHEDULE D-1 – LOANS RECEIVE	VED AND DEBTS INCURRED	,	
	D.	SCHEDULE E - INTER COMMIT	TEE (SHARED) EXPENSES REC	CEIVED	
	E. SUBT	OTAL (Total of A, B, C, D)		-A4	659.50
3.	EXPENDITU	RES:			
	F.	SCHEDULE B - TOTAL EXPENDE	ITURES	J	1300
	G.	SCHEDULE C-2 – TOTAL IN-KIN	D EXPENSES (IN KIND RECEIP	TS USED)	500
	H.	SCHEDULE D-2 - LOANS AND DI	EBTS OUTSTANDING		
	I.	SCHEDULE E - INTER COMMIT	TEE (SHARED) EXPENSES PAII		
	J. SUB	FOTAL (Total of F, G, H, I)		A	1,800
4.	ENDING BA (Beginning I	LANCE Salance plus 2E, minus 3J)		H_	1,800 2,83950
5.	NON-CASH A	SSETS (IN KIND RECEIPTS NOT Y	YET USED (From Schedule F)	_	
6.	DISPOSITIO	N OF LEFT OVER ASSETS (CLOSIN	NG COMMITTEE) (From Schedu	le G)	
7.	LOANS AT E	ND OF PERIOD (Loan Balance from	Schedule D-2)		
8.	CLOSE OUT	BALANCE (Must equal zero if Com	mittee closed)		



SCHEDULE A - TOTAL RECEIPTS

ACCT #:			REPORTING PERIOD: (. 20.	07 1.20	.08
over \$50. No cycle, each i	OTE: If you tem must be	receive funds from the same person listed if the aggregate amount is ov	pts from sales of items must be itemized if the or organization several times during the repor er \$100, even if the individual amounts are no	y are ting	10
Date	Contrib	Contributor	Contributor	Aggregate	Amount
Received	Туре	Name	Mailing Address	Amount	Received
8.1607	Type	Tolert/ MAXINE 11	MANT Kennett Pike		2,000
8.71001		NOTES F. MITHUE	4408 Kennest Pike Breen ville De 19887 Ohtok # 492		7,00
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I OTAL KI	CEIPISN	OT IN EXCESS OF \$100			2000
GRAND TO	OTAL REC	EIPTS			

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:	1:	REPORTING PERIOD:	1.20	.07 /.	20.08
				FROM	то
of the amou must be list	int. NOTE: IF you expend funds to	orting period. All expenditures to Political Committhe same person or organization several times dur \$100, even if the individual amounts are not.			
Date	Payee	Payee	Reason	Aggregate	Amount
Expended		Mailing Address	Code	Amount	Expended
10.20.07	Triends of	19899 - 0738			9 700
	John CARREY	19899 - 0738			
1		7 7 1 2010			4
11.2.07	CitizENS FOR	PO BOX 9900 NEWARK De 19714			#600
	Chris Coons	NEWARK, De 19714			
	Maria In the Book of the Book	DESCRIPTION OF THE PROPERTY OF THE PERSON OF			
			TOTAL VICTORIA		I I I I I I I I I I I I I I I I I I I
	ETHORIDA GUIRD				I FIRE VI
	Principle State of the State of				
			IVALUE IN		
TOTAL EX	XPENDITURES IN EXCESS OF	\$100	-		\$1,300
					4 4000
TOTAL EX	XPENDITURES NOT IN EXCE	SS OF \$100			
CDANDT	OTAL EVBENDERINGS				
GRAIND I	OTAL EXPENDITURES				

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)



SCHEDULE C-1 - TOTAL IN-KIND (NON CASH) RECEIPTS

temize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. OTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, ach item must be listed if the aggregate amount is over \$100, even if the individual amounts are not. N-KIND CONTRIBUTIONS IN EXCESS OF \$100: NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES. Date Contributor Contributor Description of Value Received Name Mailing Address Contribution Value Received Name Mailing Address Contribution Value Received Name Halling Address Contribution Value Received Name Service Ser	ACCT#: /		REPORTING PERIOD:	1.20.01	7. 20.08 TO
ACTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, ach item must be listed if the aggregate amount is over \$100, even if the individual amounts are not. N-KIND CONTRIBUTIONS IN EXCESS OF \$100: NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES) Date Contributor Contributor Mailing Address Contribution Value Received Name Mailing Address Contribution Value Received Name Mailing Address Contribution Value Received Name Mailing Address Contribution Value Received Name Mailing Address Contribution Value Received TOTAL IN-KIND RECEIPTS IN EXCESS OF \$100 COTAL IN-KIND RECEIPTS NOT IN EXCESS OF \$100				FROM	TO
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SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES (IN KIND RECEIPTS USED)

ACCT#:		REPORTING PERIOD:	-20.07 /. 2 FROM	0.08
			FROM	то
NOTE: If you each item m	ou pay in-kind expenditures to the sa uust be listed if the aggregate amour EXPENDITURES IN EXCESS OF		g the reporting period, are not.	
		ARKET VALUE LESS ANY PAYMENTS YOU RE Person or Activity	Description of	Estimated
Date Expended	Person or Activity Name	Location or Mailing Address	Expenditure	Value Expende
2 m 12	Bixbus CATEREES		MATERINO COSTS	500
1.10.01	DIXOGS CATEROS	WI/m De 19809	Oheck 4 145	1000
		W1/11 0- 11601	01101-4-115	
UT LA T				
			MILE STREET	
		E PLANE TO A PART OF THE		
	PER FRANCISCO			
TOTAL IN	-KIND EXPENDITURES IN EX	CESS OF \$100		300
TOTAL IN	-KIND EXPENDITURES NOT I	N EXCESS OF \$100		
OD LESS	OT A DAY WHITE THE PARTY OF THE			
	OTAL IN-KIND EXPENDITURE			
(THIS TOTA	L SHOULD ALSO APPEAR ON PAGE 2	, STATEMENT OF ACCOUNT BALANCE, ITEM 3	G)	



SCHEDULE D-1 - LOANS RECEIVED AND DEBTS INCURRED

ACCT#:		REPORTING PERIOD	1.20,01	1.20.0	18
			FROM		то
		EPORTING PERIOD should be itemized on this schedule.	NOTE: These loans must also be listed on Schedule	0-2.	
	ECEIVED IN EXCESS OF \$50:				
Date Received	Obligated To (Name) And Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
816.07	Robert L. MAXWELL	4405 Kennett Pike Grecoville De 19807	Check# 492 Deposit	DUA	2,000
		Grecuitle De 19807	Check# 492 Deposit		
13000					
					1-9-17
					THE RESERVE
TOTAL LO	DANS AND DEBTS RECEIVED				
(TOTAL AMO	OUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATE	EMENT OF ACCOUNT BALANCE, ITEM 2C)		6	



SCHEDULE D-2 - LOANS AND DEBTS OUTSTANDING

Innani

TOTAL LOANS AND DEBTS OUTSTANDING

	XCESS OF \$50:	must be listed. This includes loans from Len	ung fishtutions, Candidate's Personal P	unds and Other Cont	Houtors,		
Date Received	Obligated To (Name) And Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
					505.01		
			THE PROPERTY.				

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 7)

Page 8 of 11



SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES

ACCT #:

ACCT #:			REPORTI	NG PERIOD: /-	20.07	1.20.0
	-				FROM	то
All expense	reimbursements received by you and paid by you must be ite	emized.				
REIMBUR	SEMENTS RECEIVED (Monies paid to you as reimburs	sements from other Committees for expenses you incurr	ed.)			
Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimburseme Received	ent
(REIMBURSE	EIMBURSEMENTS RECEIVED FROM OTHER COMP EMENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE SEMENTS PAID (Monies paid by you to reimburse other	2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)				
Date	Payee Name	Description	Activity	Total	Reimbursem	ent
Paid	and Mailing Address	of Activity	Date	Expense Amount	Paid	
				F 14 1 1 1 1 1		
	Land the second					
		STATE OF THE STATE				
TOTAL RE	CIMBURSEMENTS PAID					
(REIMBURSE	EMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STA	TEMENT OF ACCOUNT BALANCE, ITEM 31)				



SCHEDULE F - NON-CASH ASSETS (IN KIND RECEIPTS NOT YET USED)

ACCT #:	REPORTING PERIOD: 1.20.08					
			FROM	ТО		
Itemize all non-cash associate on the organical state of the organic	ization.	ose paid for by the organization, lent to the organi	zation and			
Date	Description	Location		Value		
Received	of Asset	of Asset (Physical Address)		of Asset		
	A SAIDE OF BUILDING LYKEN					
				Bighillia		
				MUNICIPAL		
			KEARE			
Fall British				REMARKS THE		
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				FILM IN THE		
医直接 电流压力						
				Brillet- and		
MANAGEM SEASONS				Quality (
TOTAL NON CASH A	SSET VALUE					
	HOULD ALSO APPEAR ON PAGE 2, STATEM	ENT OF ACCOUNT BALANCE, ITEM 5)				
		The state of the s				



SCHEDULE G - DISPOSITION OF LEFT OVER ASSETS (CLOSING COMMITTEE)

ACCT#:	- 100	REPORTING PERIOD: /-20.07	1.00.01
	3	y the organization during the reporting period.	FROM
ALL NON-CASH ASS			
Date	Description	Disposition	Value
Eliminated	of Asset	of Asset	Received
			MININ TENE
Berry Bullet			IN INC. MINO
		House the state of	
BIAS NEWS	in the little of the latest		
TOTAL ASSETS ELI	MINATED		
(TOTAL ASSETS ELIMIN	ATED SHOULD ALSO APPEAR ON PAC	GE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)	